Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS Indep Depend Indep Depend Indep Indep Depend Indep Depend Indep Depend 51 52 53 54 55 56 57 **58 69** 60 61 62 . 63 64 65 96 **§**7 68 69 70 71 7,2 73 74 75 76 23 24 25 26 78 28 29 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 46 47 48 49 50 97 98 99 100 Total Total Indep Indep Total Depend Total Depend Total Claims Total Claims

Ç